# L060000 98472

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(7)		
(Bu	isiness Entity Nam	ne)
(D-		
(Do	cument Number)	
Cartified Carine	Cadificator	of Chabra
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
,		
		~ 10
		1014
	Office Use Onl	- MIN
	Since Ose Dill	' XXXL



100080382251

10/06/06--01038--025 \*\*160.00

SECRETARY OF STA

06 OCT -6 AM 8: 05

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: G. C. C. LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James Terry Folker (Name of Person)	
(Firm/Company)	
16520 South Tamiami Trail #18-293 (Address)	
Gat Mar Chain 239A9	
(City/State and Zip Code)	90
(City/State and Zip Code)  For further information concerning this matter, please call:  Terry Falker at 239 253-7194  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:	OCT -6
Terry Folker at (239) 253-7194 (Area Code & Daytime Telephone Number)	A# 80
Enclosed is a check for the following amount:	: 05
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:	
G. C. C.C. LLC	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
16520 South Tamique Trail Same as office address  # 18-293  Fort Myars, F1 33908	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another; business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	HLED
Terry Folker STATE 05	_
Name DATE 05	
The name and the Florida street address of the registered agent are:  Terry Folker  Name  16520 South 74micm, Tril Bldq 18 Suite 293  Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Fort Myers, FL 33708 City, State, and Zip	
City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registored Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Terry Folker  16520 Sour Tomiani Trail #18-193  Font Myers, A 33908
·	SECH PALLAI
(Use attachment if necessary)	T-6 A FASSEE.
TICLE V: Effective date, if other than the date of effective date is listed, the date must be seen 90 days after the date of filing.)	specific and cannot be more than five business and cannot be more than the cannot be cannot be more than the cannot be more than t
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)